# **SPECIFIC-PURPOSE COMMITTEE**

## FORM

CAMPAIGN F	INANCE REPO	RT			COVER	SHEET PG 1
The SPAC INSTRUCTION complete this form.	Guide explains how to		1 ACCOUNT # (Ethics Commission	n filers)	2 PAGE#	
		·	00001234		1 of 36	
3 COMMITTEE NAME					OFFICE	E USE ONLY
Friends for Peter Svarz	bein				Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUIT	E#;	CITY; STATE;	ZIP CODE	1	
Change of Address	705 E. Baltimore El Paso, TX 79912				Date Hand-delivered	d or Date Postmarked
5 CAMPAIGN		TRST		MI	Receipt #	Amount
TREASURER NAME			•••••	SUFFIX	Date Processed	
		enbaum		001111	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLE 405 Valplano Drive El Paso, TX 79912	ASE); APT/SU	ITE#; CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	STREET OR PO BOX;  405 Valplano Drive El Paso, TX 79912	APT/S	UITE#; CITY;	STATE;	ZIP CODE	OITY CLER
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (915) 588-9858	JMBER	EXTENS	SION		FM 4: 37
9 REPORT TYPE	January 15 July 15		30th day before election 8th day before election Runoff		Dissolution	d \$500 limit on (attach PAC-DR) after campaign ermination
10 PERIOD COVERED	Month Day 01/12/201	Year 5	THROUGH			Day Year D/2015
11 ELECTION	ELECTION DATE  Month Day Year	ELECTIO	N TYPE			
	05/09/2015	Prin	nary Rund	off X	General	Special
		GO TO	PAGE 2			
					<del></del>	

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 7	8711-2070	(512)463-580	00 TDD 1-800-735-2989
SPECIFIC-PU PURPOSE &		MMITTEE RE	EPORT:		FORM SPAC R SHEET PG 2
12 COMMITTEE Fri	ends for Peter Sv	arzbein		ACCOUNT 00001234	# (Ethics Commission filers)
13 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE  OFFICEHOLDER	OFFICE SOUGHT (ca	SVARZBEIN  ndidate)/OFFICE HELD (officence  INCIT DISTRICT	*	2015 HAY 1 4
SUPPORT (Candidate or Measure)  OPPOSE (Candidate or Measure)  ASSIST (Officeholder only)	MEASURE	BALLOT IDENTIFICATION		TION DATE Day Year	PH 4: 37
14 CONTRIBUTION TOTALS	PLEDGE	S, LOANS, OR GUARANTEE	OF \$50 OR LESS (OTHER THAN S OF LOANS), UNLESS ITEMIZED	\$	445.33
EXPENDITURE	(OTHER		R GUARANTEES OF LOANS)	\$	24,634.03
TOTALS	4. TOTAL P	OLITICAL EXPENDITURES		\$	1,820.52 22,597.63
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY	\$	12,199.13
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL Y OF THE REPORTING PER	OUTSTANDING LOANS AS OF THE IOD	\$	0.00
AFFIX NOTARY S	20_15, to cer lev	e said <u>Nocl R.</u> ify which, witness my h  Advicum Re	Rosentaun	all information reque.	14th day

#### **POLITICAL CONTRIBUTIONS** SCHEDULE A

Date   S Full name of contributor   out-of-state PAC (ID#   )   7 Amount of contribution (if applied escription		OTHER THAN PLEDGES OR LOANS				
Date   S Full name of contributor   out-of-state PAC (ID#   )   7 Amount of contribution (if applied escription	T	he Instruction	ON GUIDE explains how to complete this form.			16 Report: 3/36
Aguilar, Richard (Mr.)  03/02/2015  6 Contributor address; City; State; Zip Code \$500.00    9 Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of S309 Lorna De Cristo El Paso, TX 79912  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of S309 Lorna De Cristo El Paso, TX 79912  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of Contribution (S)   online Schedul    Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of Contribution (S)   of-state Schedul    Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of Contribution (S)   of-state Schedul    Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of Alpern, Louis (Mr.)   out-of-state PAC (ID#   Amount of Contribution (S)   of-state Schedul    Principal occupation / Job title (See Instructions)  Employer (See Instructions)   In-kind contributor Contributor (S)   of-state Schedul    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   of-state Schedul    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   of-state Schedul    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contributor Con	2 FI	ILER NAME	Friends for Peter Svarzbein			(Ethics Commission filers)
O3/02/2015   Contributor address; City; State; Zip Code   Sensitivations   City; State; Zip Code   Sensitivations   Contributor	4	Date	•	)		8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)  Date	03	3/02/2015	6 Contributor address; City; State; Zip Code 8201 Lockheed Road, Ste. 203		\$500.00	1   
Date   Full name of contributor   out-of-state PAC (ID#   )   Amount of contribution (\$)   In-kind contribution (\$)   description (if appli description					`	Texas, complete Schedule T)
Ainsa, Andrew (Mr.)  Contributor address; City; State; Zip Code \$48.65  Principal occupation / Job title (See Instructions)  Date Full name of contributor Ainsa, Andrew (Mr.)  Contributor address; City; State; Zip Code Employer (See Instructions)  Date Full name of contributor Ainsa, Andrew (Mr.)  O3/28/2015 Contributor address; City; State; Zip Code S96.80  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor Alpern, Louis (Mr.)  O1/19/2015 Contributor address; City; State; Zip Code S970.70  Amount of contribution (\$) In-kind (\$) In-ki	9 P	rincipal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
B309 Loma De Cristo   El Paso, TX 79912   (If travel outside of Texas, complete Schedul Principal occupation / Job title (See Instructions)   Employer (See Instructions)		Date		)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)    Employer (See Instructions)   Employer (See Instructions)	01	1/28/2015	6309 Loma De Cristo	•••••	\$48.65	] 
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor			EIPaso, IX /9912		(If traval autoida of	Toyas complete Schedule T)
Date   Full name of contributor   Out-of-state PAC (ID#	P	rincipal occup	pation / Job title (See Instructions)	Employer (See In	L`	Texas, complete schedule 1)
Ainsa, Andrew (Mr.)  O3/28/2015  Contributor address; 6309 Loma De Cristo El Paso, TX 79912  Principal occupation / Job title (See Instructions)  Date  Full name of contributor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Contributor   Game		Date	<u>,                                      </u>	)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)    Date	03	3/28/2015	6309 Loma De Cristo		\$96.80	[   
Date Full name of contributor   out-of-state PAC (ID#					(If travel outside of	Texas, complete Schedule T)
Alpern, Louis (Mr.)  Contributor address; City; State; Zip Code \$970.70   Contributor address; City; State; Zip Code \$970.70   Contributor address; City; State; Zip Code \$970.70   Contributor address; City; State; Zip Code   Contributor (\$)   Contribution (\$	Р	rincipal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
4171 N.Mesa St. El Paso, TX 79912  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Alpern, Louis (Mr.)  O3/25/2015  Contributor address; City; State; Zip Code 4171 N. Mesa St.		Date		)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Alpern, Louis (Mr.)  O3/25/2015  Contributor address; City; State; Zip Code 4171 N. Mesa St.	0.	1/19/2015	4171 N.Mesa St.			
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (\$) Alpern, Louis (Mr.)  03/25/2015 Contributor address; City; State; Zip Code \$970.70	<u> </u>			Employer/Cools	<u> </u>	
Alpern, Louis (Mr.)  O3/25/2015 Contributor address; City; State; Zip Code \$970.70  4171 N. Mesa St.	F	Principal occup	cation / Job title (See Instructions)	Employer (See II	istructions)	D
4171 N. Mesa St.		Date	· ·	<u> </u>		In-kind contribution description (f) applicable)
El Paso, TX 79912	0:	3/25/2015	4171 N. Mesa St.		\$970.70	7
(If travel outside of Texas, complete Schedu					'	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	F	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

		THAN FEEDGES ON LOAD	·····	F 18	
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/1	6 Report: 4/36
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT# 00001234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Armstater, Rchard J. (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2015	6 Contributor address; City; State; Zip Code 5000 Montana El Paso, TX 79922		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/12/2015	Contributor address; City; State; Zip Code 3114 Altura Ave. El Paso, TX 79930		\$96.80	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u>  `</u>	- C
					205
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/15/2015	Contributor address; City; State; Zip Code 6112 Via Fortuna Lane El Paso, TX 79912-2603		\$250.00	ERK DET
					Texas, complete Schedule T,
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	<b>&amp;</b>
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/04/2015	Contributor address; City; State; Zip Code P.O. Box 96 El Paso, TX 79941		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/23/2015	Contributor address; City; State; Zip Code 7213 Majorca Ct. El Paso, TX 79912		\$100.00	1 
				(If travel outside of	Texas, complete Schedule T)
ļ-	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
	i ililoipai occu	paners, con the (coe mendency)			

	The Instruction	איס Guide explains how to complete this form.		1 PAGE# Schedule: 3/1	6 Report: 5/36	
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Block, Harole M & Jennie M	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/03/2015	6 Contributor address; City; State; Zip Code 660 Copperfield Land El Paso, TX 79912		   \$150.00 		
					Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 819 Dulce Tierra El Paso, TX 79912		\$500.00	   	
	1			(If travel outside of	Texas, complete Schedule T)	
_	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	, ,					
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 5525 M. Stanton St Ste 28C El Paso, TX 79912		\$500.00		
L	Drive sized assure	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)	
	Principal occup	ation 7 Job title (See Instructions)	Employer (Gee III	ion donors	<u> </u>	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/11/2015	Contributor address; City; State; Zip Code 6080 Surety Drive El Paso, TX 79905		\$1,000.00	LERK D	
L			Employer (See In	<del></del>	Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See ii	istructions)	<b>∞</b> →	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/15/2015	Contributor address; City; State; Zip Code 5772 Diamond Point El Paso, TX 79912	•••••	\$1,000.00	 	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	f Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/1	6 Report: 6/36
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dipp, Mike (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/09/2015	6 Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940-0055		\$300.00     	_
				`	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Inc	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/26/2015	Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940-0055		\$200.00	
	i			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	2017 Y
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description-(if applicable)
	02/18/2015	Contributor address; City; State; Zip Code 308 Crimson Cloud Lane El Paso, TX 79912		\$200.00	Texas, complete@chedule 1)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/10/2015	Contributor address; City; State; Zip Code 1131 Galloway Dr. El Paso, TX 79902		\$96.80	! ! !
				1 '	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
į	02/28/2015	Contributor address; City; State; Zip Code 405 Camino Real Ave. El Paso, TX 79912		\$291.00	 
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule T)

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/1	6 Report: 7/36	
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Feuille, Kathryn	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/18/2015	6 Contributor address; City; State; Zip Code 857 River Oaks Dr. El Paso, TX 79912		\$250.00   		
				(If travel outside of	Texas, complete Schedule T) 🔲	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor Unit out-of-state PAC (ID# Fowlkes, Kerran and Liz	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/28/2015	Contributor address; City; State; Zip Code 632 Spring Crest El Paso, TX 79912		\$150.00	1	
				/If two val outpide of	Texas, complete Schedule T)	
	Discisal serve	chica / Joh title /Con Instructions)	Employer (See In:		Texas, complete schedule 1)	
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)		
-	Date	Full name of contributor  ut-of-state PAC (ID# Franco, Carlos & Martha	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/25/2015	Contributor address; City; State; Zip Code 871 Broadmoor El Paso, TX 79912		\$100.00	   	
		·		(If traval autoids of	Texas, complete Schedule T)	
	Data-in-1	pation / Job title (See Instructions)	Employer (See In		Texas, complete Giffied (Egif)	
	Principal occup	auton/ Job title (See mstructions)	Employer (Gee in		in c	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 801 River Oaks Dr. El Paso, TX 79912		\$1,000.00	DEPT.	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/31/2015	Contributor address; City; State; Zip Code 2611 N. Kansas El Paso, TX 79902		\$242.45	1 	
				(If travel outside of	Texas, complete Schedule T)	
$\vdash$	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	l	· -	
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	OTHER MARY LEDGES ON LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 6/1	6 Report: 8/36	
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gaidry & Nehring, Elizabeth & Dominique	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/15/2015	6 Contributor address; City; State; Zip Code 3300 N. Stanton El Paso, TX 79902		\$100.00		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/03/2015	Contributor address; City; State; Zip Code 9008 Cincinnati El Paso, TX 79902		\$485.20	1 1	
		·		(If travel outside of	Texas, complete Schedule T)	
	Principal coour	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete contended 1)	
	- Ппсіраї оссир	auon7 300 ille (See instituctiona)	Employer (eee in			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/15/2015	Contributor address; City; State; Zip Code P.O. Box 920496 El Paso, TX 79902		\$50.00	   	
				(If travel outside of	Texas, complete Schedule T)	
_	Principal occup	ation / Job title (See Instructions)	Employer (See In		<u> </u>	
				•	AY C	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind-contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 717 River Elms El Paso, TX 79922		\$96.80	DEPT.	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/28/2015	Contributor address; City; State; Zip Code 1368 Copper Gate Place El Paso, TX 79936		\$96.80	 	
				(If travel outside of	Texas, complete Schedule T)	
Г	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)		

	OTHER	THAN I LEDGES ON LOAD	10	·	
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/1	6 Report: 9/36
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gordon, Norman & Cheryl	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/18/2015	6 Contributor address; City; State; Zip Code 808 Wingfoote Rd. El Paso, TX 79912		\$100.00   	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/26/2015	Contributor address; City; State; Zip Code 2244 Trawood, Suite 100 El Paso, TX 79935		\$970.70	i 
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2015	Contributor address; City; State; Zip Code 700 Wakefield Ct. El Paso, TX 79922		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	CIT 2015
	Date	Full name of contributor ☐ out-of-state PAC (ID# Helm, Willliam C. II	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2015	Contributor address; City; State; Zip Code		\$200.00	
	_	El Paso, TX 79902			Texas, complete Schedule 7)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	structions)	σ
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/28/2015	Contributor address; City; State; Zip Code 5156 San Carlos Ct. Las Cruces, NM 88011		\$100.00	1   
				(If travel outside of	Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 8/16 Report: 10/36				
2 FILER NAME Friends for Peter Svarzbein	3 ACCOUNT # (Ethics Commission filers) 00001234				
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#_ Hester, Debbi	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
02/26/2015  6 Contributor address; City; State; Zip Code 6102 Pinehurst El Paso, TX 79912	\$242.45   				
	(If travel outside of Texas, complete Schedule T)				
g Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)				
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)				
03/21/2015 Contributor address; City; State; Zip Code 1001 Galloway El Paso, TX 79902	\$100.00   				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributor  out-of-state PAC (ID# Hunt, Stacey	Amount of In-kind contribution contribution (\$)   Stacey				
03/18/2015 Contributor address; City; State; Zip Code 4939 Meadowlark Dr. El Paso, TX 79923	\$500.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
,	· · · · · · · · · · · · · · · · · · ·				
Date Full name of contributor  uut-of-state PAC (ID# Hunt, Woody and Gayle	Amount of In-kind contribution contribution (\$) description (if applicable)				
01/26/2015 Contributor address; City; State; Zip Code P.O. Box 12220	\$1,000.00				
El Paso, TX 79913	2015				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributor ☐ out-of-state PAC (ID# Kaim, Boris (Dr.)	contribution (\$) description (Happlicable)				
02/14/2015 Contributor address; City; State; Zip Code 700 Wakefield Ct. El Paso, TX 79922	\$200.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/1	6 Report: 11/36
2 FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT# 00001234	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#, King, Jason (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/13/2015	6 Contributor address; City; State; Zip Code 720 Meridan Ave. Miami Beach, FL 33139		   \$67.67 	
		40 Employer (Coo. In		Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/28/2015	Contributor address; City; State; Zip Code 1107 Baltimore Ave. El Paso, TX 79902		\$96.80   	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/03/2015	Contributor address; City; State; Zip Code 1 Texas Tower 109 N. Oregon St., 12th Floor El Paso, TX 79901		\$500.00     	
	E11 dos, 17/ 7001		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (#-applicable)
02/25/2015	Contributor address; City; State; Zip Code 718 Blacker El Paso, TX 79902		\$250.00	HAY CLER
Bringing age	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule项
Filitopal occu	pation 7 000 title (See motitudions)	Zimployer (edd ii		= 5
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/26/2015	Contributor address; City; State; Zip Code 2121 Wyoming El Paso, TX 79903		\$174.48	 
			1	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

	OTILIT THAN I LEBELS ON LOANS					
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 10/	/16 Report: 12/36	
2	FILER NAME	Friends for Peter Svarzbein	,	3 ACCOUNT # 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Marcus, Meyer & Melinda	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/18/2015	6 Contributor address; City; State; Zip Code 530 Woodland Ave. El Paso, TX 79925		\$500.00     	-  - 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/25/2015	Contributor address; City; State; Zip Code 1036 Broadmoor Dr El Paso, TX 79912		\$300.00	<b> </b> 	
		27 400, 77 700 12		//f traval systemida of	Toyon complete Schedule T)	
	Discipal cases	estion / Joh title (Coe Instructions)	Employer (See In		Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (Gee in	Structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/17/2015	Contributor address; City; State; Zip Code 5100B Hunters Glenn El Paso, TX 79932		\$360.00	]   	
					Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	2 0	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contributioni description (if-applicable)	
<b>3</b>	03/15/2015	Contributor address; City; State; Zip Code 800 Blanchard Ave. El Paso, TX 79902		\$50.00	I PH	
				(If travel outside of	Texas, complete Schedule-T)	
-	Principal occu	pation / Job title (See Instructions)	Employer (See Ir		₩ P	
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 105 Calle Cumbre El Paso, TX 79912		\$100.00	1 1 1	
1				(If travel outside of	f Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See li	nstructions)		

	OTHER THAN PLEDGES ON LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11/	/16 Report: 13/36	
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Nedow, Rachelle	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/13/2015	6 Contributor address; City; State; Zip Code 1091 Los Jardines El Paso, TX 79912		\$96.80	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
i	03/27/2015	Contributor address; City; State; Zip Code 5655 Star View Dr El Paso, TX 68812		\$500.00	 	
		,		·	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/19/2015	Contributor address; City; State; Zip Code 6117 Los Fuentes El Paso, TX 79912		\$96.80	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (Fapplicable)	
	02/17/2015	Contributor address; City; State; Zip Code 601 N. Cotton Ste. 6 El Paso, TX 79902		\$100.00	Y C C F	
	•			(If travel outside of	Texas, complete Schedule T)	
	Principal occup	Doation / Job title (See Instructions)	Employer (See Ir		5. M	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 1505 Rim Road El Paso, TX 79902		\$250.00	 	
			<u> </u>	(If travel outside of	Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		

	OTHER THAN PLEDGES ON LOANS					
	The Instruction	אס Guide explains how to complete this form.	1 PAGE# Schedule: 12	/16 Report: 14/36		
2	2 FILER NAME Friends for Peter Svarzbein				(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rosenbaum, Noel R	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	01/23/2015	6 Contributor address; City; State; Zip Code 405 Valplano Dr. El Paso, TX 79912		\$60.00	 	
		•		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Sanders, William	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/19/2015	Contributor address; City; State; Zip Code 920 Broadmoor Dr ElPaso, TX 79912		\$242.45	 	
		En ass, 1777072		//d turning outpide of	Texas, complete Schedule T)	
_	District and a second	estion / Joh title (Con Instructions)	Employer (See In		Texas, complete schedule 1)	
	Principal occup	pation / Job title (See Instructions)	Employer (See in			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2015	Contributor address; City; State; Zip Code 4999 Main Gore Dr. N Vail, CO 81657		\$250.00	  - 	
L				l `	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (If applicable)	
:	02/05/2015	Contributor address; City; State; Zip Code 6235 Los Altos El Paso, TX 79912		\$96.80		
				(Manual autoido of	Texas, complete Schedule I)	
L	D.411	ation / Job state (Con Instructions)	Employer (See Ir		adda y s	
	Principal occu	pation / Job title (See Instructions)	Employer (Gee ii	istructions)	요 8	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/02/2015	Contributor address; City; State; Zip Code 109 N. Oregon, Suite 1200 El Paso, TX 79901		\$500.00		
L			-	<u> </u>	f Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)		

	OTHER THAN PLEDGES ON LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/16 Report: 15/36		
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Schlusselberg, Sidney	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	02/19/2015	6 Contributor address; City; State; Zip Code 201 E. Main Dr. #1515 El Paso, TX 79901		\$96.80	   		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	02/12/2015	Contributor address; City; State; Zip Code 7108 Tierra Roja El Paso, TX 79912		\$96.80	   		
				(If travel outside of	Texas, complete Schedule T)		
-	Principal occur	nation / Job title (See Instructions)	Employer (See In	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		
	т-ппырагоссир	anony soo and tose mendenel					
	Date	Full name of contributor □ out-of-state PAC (ID# Schwartz, Jerry M & Marcia N. (Mrs.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/18/2015	Contributor address; City; State; Zip Code 6020 Pinehurst El Paso, TX 79912		\$100.00	 		
					Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	estructions)			
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution—description (if applicable)		
	01/28/2015	Contributor address; City; State; Zip Code 619 Camino Real El Paso, TX 79912		\$2,000.00	L CLESK		
				(If travel outside of	Texas, complete Schedule T		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	€ m		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/26/2015	Contributor address; City; State; Zip Code 1025 Singing Hills El Paso, TX 79912		\$193.90	! 		
				(If travel outside o	f Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)			

## POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14/	16 Report: 16/36	
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT# 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Smith, William V. Jr.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/26/2015	<b>6</b> Contributor address; City; State; Zip Code 405 Sharondale El PASo, TX 79912		\$250.00     		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Spier, Andrea & Jeff	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/19/2015	Contributor address; City; State; Zip Code 1025 Quinta Antigua Lane El Paso, TX 79912		\$193.90		
		EFF dSO, 17 / 75512		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Spier, Hendrika & Thomas	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/27/2015	Contributor address; City; State; Zip Code 1045 Camino Rancheros Santa Fe, NM 77505-0344		\$100.00	1 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/17/2015	Contributor address; City; State; Zip Code 705 E. Baltimore El Paso, TX 79902		\$250.00	Texas, complete Schedule T)	
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	# H	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/12/2015	Contributor address; City; State; Zip Code 532 Blanchard El Paso, TX 79902		\$96.80	1 	
1				(If travel outside of	Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		

	OTHER THAN FEEDGES ON EGANG					
	The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 15/	/16 Report: 17/36	
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT # 00001234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Stromberg, Andrew (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/02/2015	6 Contributor address; City; State; Zip Code 30 E. 9th St., Apt. 2CC New York, NY 10003		\$180.00   		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Theard, Franz (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/13/2015	Contributor address; City; State; Zip Code 64 Kingery Dr. El Paso, TX 79902		\$500.00		
				(If travel outside of	Texas, complete Schedule T)	
	Bringing cour	ation / Job title (See Instructions)	Employer (See In		Toxas, semplete constant 1,	
	Principal occup	ation / Job title (See Institutions)	Employer (600 m	on donorio)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/20/2015	Contributor address; City; State; Zip Code 529 Sharondale El Paso, TX 79912		\$250.00	 	
			Employer (Coo. In		Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Tures, Steven	.)	Amount of contribution (\$)	In-kind contribution description ((Eapplicable)	
	01/28/2015	Contributor address; City; State; Zip Code 1083 Esplanada El Paso, TX 79932		\$96.80	MAY CLE	
				(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employ				structions)	= B	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/28/2015	Contributor address; City; State; Zip Code 804 Don Quixote Ct. El Paso, TX 79922		\$242.45	1 	
					Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		

#### **POLITICAL CONTRIBUTIONS** OTUED THAN DI EDGES OF LOANS

	UIRER	THAN PLEDGES ON LOAI	NO		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	/16 Report: 18/36
2	FILER NAME	Friends for Peter Svarzbein		3 ACCOUNT# 00001234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wingo, Robert V . (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/21/2015	6 Contributor address; City; State; Zip Code 1021 Los Jardines Circle El Paso, TX 79912		\$500.00	   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2015	Contributor address; City; State; Zip Code 816 Lakeshore Drive		\$100.00	[    -
		El Paso, TX 79932			Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/06/2015	Contributor address; City; State; Zip Code 2112 Murchison El Paso, TX 79930		\$96.80	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
					~ 0
F	Date	Full name of contributor  ut-of-state PAC (ID	#)	Amount of	In-kind contribution description (if-applicable)
l		Wyatt, Michael (Mr.)		contribution (\$)	description (if applicable)
	01/28/2015	Contributor address; City; State; Zip Code		\$100.00	
		2906 Silver Ave. El Paso, TX 79930			
				(If travel outside of	f Texas, complete Schedule 1)
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	: 38
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/28/2015	Contributor address; City; State; Zip Code 6200 Monarch El Paso, TX 79912		\$96.80	   
				(If travel outside o	f Texas, complete Schedule T)
H	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

SCHEDULE F

				EXPEND	DITURE CA	TEGOF	RIES					
Advertising Exper Accounting/Bank Consulting Exper Event Expense Fees	ing	Legal Se Food/Be Polling B	vards/Memorial Ex ervices everage Expense Expense Expense		Salaries/Wag Solicitation/F Travel In Dist Travel Out O	ges/Contr fundraisin trict of District	ndraising Expense Transportation ct Contributions/ District Candidate/		ortation Equ utions/Dona didate/Office	Reimbursement uipment & Relate ations Made By eholder/Political ( ategory not listed	Committee	
rees		rinning	The Ins	TRUCTION GL			complete this		. (		,	-
1 PAGE# Schedule: 1/17 P	Report:	19/36	2 FILER NAM Friends fo	ME or Peter Sva	arzbein				3	ACCOUNT # 00001234	(TEC filer	s)
4 Date		ee name	l <del></del>									
02/13/2015			nzalo Ernesto	o (Mr.)								- }
6 Amount (\$)		ee addres			Zip Code							
\$410.00		37 Frankli		•	•							
φ410.00		Paso, TX										
8	, ,	• •	e Categories liste		this schedule)	i	(b) Description		outside of T	exas, complete s	Schedule T)	니
PURPOSE OF	Sal	aries/Wa	ges/Contract	Labor			Block wal	king				
EXPENDITURE												- [
									ceholder li	ving expense		$\dashv$
9 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / O	fficeholder nam	ne <u>.</u>			Office	sought:		Office held	: 	
Date		ee name										İ
02/27/2015	Bus	stillos, Go	onzalo Ernesto	o (Mr.)								_
Amount (\$)	Pay	ee addres	s Ci	ty; State;	Zip Code							
\$410.00		37 Frankli Paso, TX										
	Cat	tegory (Se	e Categories liste	d at the top of	this schedule)		Description	n (If travel	outside of	Texas, complete	Schedule T)	П
PURPOSE	1	• •	ges/Contract		and contours,		block wal				·	_
OF	"		900,000,000					Ū				
EXPENDITURE							Check if Au	ıstin, TX, offi	iceholder li	ving expense		
Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / C	Officeholder nam	ne			Office	sought:		Office held	l:	
Date	Pay	ee name										
03/12/2015	Bu	stillos, Go	onzalo Ernest	o (Mr.)								
Amount (\$)	Pay	yee addres	ss Ci	ity; State;	Zip Code							
\$450.00		37 Frankl										
φισσισσ	EII	Paso, TX	〈 79912								* **:	
	l		_							Ü	3	
	Ca	tegory (Se	e Categories liste	ed at the top of	this schedule)		Descriptio	•	outside of	Texas, comple <u>te</u>		
PURPOSE OF	Sa	laries/Wa	iges/Contract	Labor			block wa	lking			Di:	
EXPENDITURE											<u> </u>	
									iceholder li	iving expense	- 1771	
Complete ONLY if direct expenditure	Cai	ndidate / C	Officeholder nan	ne			Office	sought:		Office held		
to benefit C/OH											, , , , , , , , , , , , , , , , , , ,	
Date	Pay	yee name								and a	- 1EI	_
03/20/2015			onzalo Ernest	o (Mr.)							-70	
Amount (\$)		vee addre		ity; State;	Zip Code				·	O V		
	1	37 Franki		,, 5.0.0,								
\$350.00		Paso, T										
	Ca	ategory (Se	ee Categories liste	ed at the top o	f this schedule)		Description	n (If trave	l outside of	Texas, complete	Schedule T)	
PURPOSE			ages/Contract		,		Block wa					
OF EXPENDITURE			-									
LACENDITORE							Check if A	ustin, TX, off	ficeholder l	iving expense		
Complete ONLY if	Ca	ndidate / 0	Officeholder nar	me				sought:		Office hel	d:	
direct expenditure to benefit C/OH												

SCHEDULE F

Advertising Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Banki Consulting Expen Event Expense Fees	se Food/Beverage Expense 1 Polling Expense 1 Printing Expense 0	Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense E explains how to complete this	Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) s form.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/17 R	eport: 20/36 Friends for Peter Svarz	bein	00001234
4 Date	5 Payee name		
03/27/2015	Bustillos, Gonzalo Ernesto (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zi	o Code	
\$290.00	6337 Franklin Bluff		
φ200,00	El Paso, TX 79912		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Block wa	Iking
OF EXPENDITURE	<b>C</b>		
EXPENDITORE		Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	sought: Office held:
Date	Payee name		
01/30/2015	Castaneda, Oscar (Mr.)		
Amount (\$)	Payee address City; State; Zi	p Code	
\$400.00	200 Atlantic		
Ψ 100.00	El Paso, TX 79922		
PURPOSE OF	Category (See Categories listed at the top of this Consulting Expense		n (If travel outside of Texas, complete Schedule T)
EXPENDITURE		<b> </b>	
			ustin, TX, officeholder living expense sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	sought: Office held:
Date	Payee name		
03/06/2015	Castaneda, Oscar (Mr.)		
Amount (\$)	Payee address City; State; Zi	p Code	
\$400.00	200 Atlantic		
<b>V.55.55</b>	El Paso, TX 79922		
			2 :
	Category (See Categories listed at the top of thi		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	Consulting Expense	Campaiç	ın Designer
EXPENDITURE			—< C
			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office	sought: Office held:
to benefit C/OH			
Date	Payee name		
02/17/2015	City of El Paso		
Amount (\$)		ip Code	<b>∞</b> .⊣
\$250.00	City Hall #1	•	
φ250.00	221 N. Kansas St. El Paso, TX 79901		
	Category (See Categories listed at the top of the	is schedule) Description	on (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees		Election Filing Fee
OF EXPENDITURE		<u> </u> _	
			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	e sought: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES				
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services Solicitation/Fund	raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By strict Candidate/Officeholder/Political Committee		
rees	The Instruction Guide explains ho	•		
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)		
Schedule: 3/17 F	Friends for Dotor Crowshain	00001234		
4 Date	5 Payee name			
01/30/2015	Corner Store 1360			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$20.00	6040 N. Mesa El Paso, TX 79912			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Travel In District	gas for block walker		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:		
direct expenditure to benefit C/OH				
Date	Payee name Corner Store 1360			
01/31/2015 Amount (\$)	Payee address City; State; Zip Code			
\$2.37	6040 N. Mesa El Paso, TX 79912			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Event Expense	ice		
EXPENDITURE				
		Check if Austin, TX, officeholder living expense  Office sought: Office held:		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		
Date	Payee name			
02/28/2015	Corner Store 1360			
Amount (\$)	Payee address City; State; Zip Code			
\$15.99	6040 N. Mesa El Paso, TX 79912			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Food/Beverage Expense	Beverages — <		
OF EXPENDITURE		₹ 0		
EXPENDITORIE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held: 五		
	Payee name			
Date 02/28/2015	Payee name Corner Store 1360	atle (T.)		
Amount (\$)	Payee address City; State; Zip Code	P		
\$25.44		<b>□</b> . `		
φ20.44	El Paso, TX 79912			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Travel In District	Gas for block walker		
EXPENDITURE		lm		
0	Condidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Onice adugnt. Onice neid.		

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to benefit C/OH

### **POLITICAL EXPENDITURES**

SCHEDULE F

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense Event Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Friends for Peter Svarzbein 00001234 Schedule: 4/17 Report: 22/36 5 Payee name 4 Date Corner Store 1360 03/07/2015 City; State; Zip Code 6 Amount (\$) Payee address 6040 N. Mesa \$25.00 El Paso, TX 79912 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) PURPOSE gas for block walker Travel In District OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Office sought: Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Corner Store 1360 03/13/2015 Zip Code Payee address City: State; Amount (\$) 6040 N. Mesa \$32.11 El Paso, TX 79912 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** gas for block walker Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Corner Store 1360 03/26/2015 City; State; Zip Code Amount (\$) Payee address 6040 N. Mesa \$12.35 El Paso, TX 79912 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** gas for block walker Travel In District L:J OF J

**EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3 Corner Store 1360 03/27/2015 City; State; Zip Code Amount (\$) Payee address 6040 N. Mesa \$12.35 El Paso, TX 79912 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Travel In District Gas for block walker OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundrai	ontract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/17 F	Penort: 23/36 Friends for Peter Svarzbein	00001234
		00001207
4 Date 03/27/2015	5 Payee name Corner Store 1360	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$23.72	6040 N. Mesa El Paso, TX 79912	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Travel In District	gas for block walker
OF		
EXPENDITURE		Check if Austin, TX, officeholder living expense
	One fields / Office belders and	Office sought: Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought.
to beliefic 6/611		
Date	Payee name	
01/21/2015	Delgado, Michelle	
Amount (\$)	Payee address City; State; Zip Code	
\$110.00	1008 Duskin Dr.	
\$110.00	El Paso, TX 79907	•
	,	
		Description (If travel sutside of Toyon complete Schoolule T)
BURBOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Polling Expense	500 candidate buttons
EXPENDITURE		<u></u>
	<u></u>	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		
to benefit C/OH		
Date	Payee name	
01/14/2015	Duran, Alberto (Mr.)	
	Payee address City; State; Zip Code	
Amount (\$)		
\$9.13	2630 Copper Ave. El Paso, TX 79930	
1	E1Paso, 1A 79950	21
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Reimbursement for office overhead expense
OF EXPENDITURE		
EXPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held: 20
direct expenditure	Candidate / Cincertotes hame	3 7
to benefit C/OH		
Date	Payee name	
·	Duran, Alberto (Mr.)	<del>ت</del> ت
01/23/2015		<u> </u>
Amount (\$)	Payee address City; State; Zip Code	
\$80.00	2630 Copper Ave.	
	El Paso, TX 79930	
1		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	block walking
OF	J	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Chiconolder name	

SCHEDULE F

Advertising Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Exper Event Expense Fees	nse Food/Beverage Expense Trav Polling Expense Trav Printing Expense Offic	itation/Fundraising Expense el In District Contributions/Donations el Out Of District Candidate/Officehold e Overhead/Rental Expense cplains how to complete this form.	s Made By ler/Political Committee
1 PAGE#	2 FILER NAME		COUNT # (TEC filers)
l •	- Edgarda fan Datan Orranda		001234
Schedule: 6/17 F	5 Payee name	000	001204
4 Date 02/09/2015	Duran, Alberto (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip C	ode	
\$2,000.00	2630 Copper Ave. El Paso, TX 79930		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	nedule) (b) Description (If travel outside of Texas, Campaign manager	, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: C	Office held:
Date	Payee name	•	
02/13/2015	Duran, Alberto (Mr.)		
Amount (\$)	Payee address City; State; Zip C	ode	
\$41.00	2630 Copper Ave. El Paso, TX 79930		
PURPOSE OF	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	nedule)  Description (If travel outside of Texas  Voter Outreacj=h Event 1	s, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 02/13/2015	Payee name Duran, Alberto (Mr.)		
Amount (\$)	Payee address City; State; Zip C	ode	
\$40.00	l		
PURPOSE	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	hedule) Description (If travel outside of Texas  Voter outreach Event 2	s, complete Solvedule-T)
OF EXPENDITURE		<u> </u>	= <
_		Check if Austin, TX, officeholder living	expense ====
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		3 ×
03/06/2015	Duran, Alberto (Mr.)		J 0
Amount (\$)	Payee address City; State; Zip C	ode	G 7
\$2,000.00			8 7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	Campaign manager	s, complete Schedule T)
	Open distants / Office health as a second	Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Gifts/Awards/Memorial Expense
Salaries/Wages/Contract Labor

Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fund	raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By strict Candidate/Officeholder/Political Committee
1 003	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 7/17 F	leport: 25/36 Friends for Peter Svarzbein	00001234
4 Date	5 Payee name	
02/02/2015	Eloise	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$900.00	255 Shadow Mountain Dr. El Paso, TX 79912	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Use of facility for event
EXPENDITURE		
	Open distants / Office helder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought.
Date	Payee name	
02/13/2015	Forma Group	
Amount (\$)	Payee address City; State; Zip Code	
\$2,000.00	301 E. San Antonio El Paso, TX 79901	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) General Campaign consultants
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
01/29/2015	Guitar Center	
Amount (\$)	Payee address City; State; Zip Code	
\$113.63	6440 Gateway Blvd E #100 El Paso, TX 79905	
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Microphone and equipmenet
OF EXPENDITURE		20 00
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:<
Date	Payee name	£ [7]
01/23/2015	iPrintLife	
Amount (\$)	Payee address City; State; Zip Code	<b>=</b> □
\$757.75	900 Loma Verde Suite E El Paso, TX 79936	4: 39 39
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) signs with frames
LAFERDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experience Event Expense Fees	Polling Expense Travel 6 Printing Expense Office C	In District Contributions/Donations Made By Out Of District Candidate/Officeholder/Political Committee Diverhead/Rental Expense OTHER (enter a category not listed above)  lains how to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 8/17 F	Friends for Deter Custobein	00001234
4 Date	5 Payee name	
03/18/2015	iPrintLife	
6 Amount (\$)	7 Payee address City; State; Zip Cod	e
\$757.75	900 Loma Verde Suite E El Paso, TX 79936	
8 PURPOSE	(a) Category (See Categories listed at the top of this sched Advertising Expense	dule) (b) Description (If travel outside of Texas, complete Schedule T)  Yard signs
OF	Advertising Expense	Tard Signo
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
01/15/2015	Leahy, Matthew (Mr.)	
Amount (\$)	Payee address City; State; Zip Cod	e j
\$16.24	429 Palmary	
	El Paso, TX 79912	
	Category (See Categories listed at the top of this sched	
PURPOSE	Office Overhead/Rental Expense	Reimbursement for Office materials
OF EXPENDITURE		
	Out distance / Office helder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought.
Date	Payee name	
01/15/2015	Leahy, Matthew (Mr.)	
Amount (\$)	Payee address City; State; Zip Cod	le
\$15.00	429 Palmary El Paso, TX 79912	
	LIT 430, 1X 73312	
	Category (See Categories listed at the top of this sche	dule) Description (If travel outside of Texas, complete Schedule; T)
PURPOSE	Travel In District	Reimbursement for block walker gas
OF EXPENDITURE		
LAFERDITURE		Check if Austin, TX, officeholder living expense.
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		To X
Date	Payee name	
02/04/2015	Leahy, Matthew (Mr.)	<del></del> 。
Amount (\$)	Payee address City; State; Zip Coo	de 39 T
\$1,300.00	429 Palmary	· · · · · · · · · · · · · · · · · · ·
ψ1,000.00	El Paso, TX 79912	·
	Category (See Categories listed at the top of this sche	edule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Campaign strategist
OF EXPENDITURE		
EVERDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if		
direct expenditure	Candidate / Officeholder name	Office sought: Office held:

Austin, Texas 78711-2070

### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District Contributions/Donations Made By
Candidate/Officeholder/Political Committee Event Expense Fees Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# Friends for Peter Svarzbein 00001234 Schedule: 9/17 Report: 27/36 4 Date 5 Payee name Leahy, Matthew (Mr.) 02/13/2015 Payee address City: State: Zip Code 6 Amount (\$) 429 Palmary El Paso, TX 79912 \$79.93 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Travel In District Reimbursement for purchase of gas for block OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Leahy, Matthew (Mr.) 02/23/2015 City; State; Zip Code Payee address Amount (\$) 429 Palmary El Paso, TX 79912 \$25.00 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** reimbursement for block walker gas Polling Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/06/2015 Leahy, Matthew (Mr.) Payee address Citv: State: Zip Code Amount (\$) 429 Palmary \$1,300.00 El Paso, TX 79912 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor campaign strategist OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held? Complete ONLY if Candidate / Officeholder name ( ) direct expenditure to benefit C/OH Pavee name 0 Leahy, Matthew (Mr.) 03/13/2015 []] Payee address City: State: Zip Code Amount (\$) 7 429 Palmary T \$3.02 El Paso, TX 79912  $\Box$ (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Reimbursemenet for ice for event **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Expe Event Expense Fees		trict Cor Rental Expense OTI	ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 10/17	Report: 28/36 Friends for Peter Svarzbein		00001234
4 Date	5 Payee name		
01/15/2015	LULAC Council #335		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$120.00	221 N. Kansas St. Suite 501		
	El Paso, TX 79901		
		(h) Description (16)	vel outside of Texas, complete Schedule T)
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description (If tra 2 dinner seats at	· · · · · · · · · · · · · · · · · · ·
OF	Event Expense	2 diffici codio di	Tojano Diinioi
EXPENDITURE		Check if Austin, TX.	officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	
Date	Payee name Navarrette, Rafael (Mr.)		
02/13/2015			
Amount (\$)			
\$144.00	l El Paso. TX 79938		
	Category (See Categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Block walking for	candidate
OF EXPENDITURE			
		Check if Austin, TX,	officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Officeholder name Payee name	Office sought:	Office held:
direct expenditure to benefit C/OH		Office sought:	Office held:
direct expenditure to benefit C/OH  Date	Payee name	Office sought:	Office held:
direct expenditure to benefit C/OH  Date 02/27/2015	Payee name Navarrette, Rafael (Mr.) Payee address City; State; Zip Code 12677 Tierra Tigre	Office sought:	Office held:
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$)	Payee name Navarrette, Rafael (Mr.) Payee address City; State; Zip Code	Office sought:	Office held:
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$)	Payee name Navarrette, Rafael (Mr.) Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938		
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule)	Description (If tra	Office held:  avel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF	Payee name Navarrette, Rafael (Mr.) Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938		avel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule)	Description (If tra Block walking	avel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If tra Block walking	avel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If tra Block walking	avel outside of Texas, complete Schedule T)  Officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name	Description (If tra Block walking	avel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name	Description (If tra Block walking	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)	Description (If tra Block walking	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$)	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.) Payee address City; State; Zip Code	Description (If tra Block walking	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre	Description (If tra Block walking	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$)	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.) Payee address City; State; Zip Code	Description (If tra Block walking	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$)	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938	Description (If tra Block walking  Check if Austin, TX, Office sought:	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$) \$320.00	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre	Description (If tra Block walking  Check if Austin, TX, Office sought:	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$) \$320.00  PURPOSE OF	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule)	Description (If tra Block walking  Check if Austin, TX, Office sought:	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$) \$320.00	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule)	Description (If tra Block walking  Check if Austin, TX, Office sought:  Description (If tra block walking  Check if Austin, TX,	officeholder living expense
direct expenditure to benefit C/OH  Date 02/27/2015  Amount (\$) \$244.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 03/29/2015  Amount (\$) \$320.00  PURPOSE OF	Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate / Officeholder name  Payee name Navarrette, Rafael (Mr.)  Payee address City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If tra Block walking  Check if Austin, TX, Office sought:  Description (If tra block walking	officeholder living expense Schedule T)  Office helder C  TT  Office helder T  A  A  A  A  A  A  A  A  A  A  A  A  A

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

#### (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Event Expense Polling Expense Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Friends for Peter Svarzbein 00001234 Schedule: 11/17 Report: 29/36 4 Date 5 Payee name Office Depot/OfficeMax 01/14/2015 City; State; Zip Code Payee address 6 Amount (\$) 801 Sunland Park Dr., Space B \$144.22 El Paso, TX 79912 (If travel outside of Texas, complete Schedule T) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Office Overhead/Rental Expense Office supplies OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Office sought: Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Office Depot/OfficeMax 01/30/2015 Payee address City; State; Amount (\$) 801 Sunland Park Dr., Space B \$57.51 El Paso, TX 79912 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office supplies, some technology acessories Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date Office Depot/OfficeMax 02/06/2015 Amount (\$) Pavee address City; State; Zip Code 801 Sunland Park Dr., Space B \$22.72 El Paso, TX 79912 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** office materials Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense: Office held: ---; Complete ONLY if Office sought: Candidate / Officeholder name direct expenditure to benefit C/OH •••€ Date Payee name 177 .5. Office Depot/OfficeMax 02/19/2015 City: State; Zip Code Pavee address Amount (\$) 700 801 Sunland Park Dr., Space B \$34.63 El Paso, TX 79912 11 U (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) office supplies/net equipment **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

SCHEDULE F

Fvent Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Consulting Expense Travel In District Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above) Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Friends for Peter Svarzbein 00001234 Schedule: 12/17 Report: 30/36 5 Payee name 4 Date Office Depot/OfficeMax 03/19/2015 City: State: Zip Code 6 Amount (\$) Payee address 801 Sunland Park Dr., Space B \$43.69 El Paso, TX 79912 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** pens, paper, etec. Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Office sought: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name Office Depot/OfficeMax 03/25/2015 Payee address City; State; Zip Code Amount (\$) 801 Sunland Park Dr., Space B \$57.35 El Paso. TX 79912 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense ink and cabling OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Payee name Date Parker, Christopher (Mr.) 01/19/2015 Amount (\$) Pavee address City; State; Zip Code 6006 N. Mesa \$165.00 El Paso, TX 79912 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Used office furniture OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought:  $\bigcirc$ direct expenditure to benefit C/OH Date Payee name 1 Rosenbaum, Noel R (Ms.) 03/11/2015 City; State; Zip Code Pavee address Amount (\$) ,,,,, 405 Valplano Drive v \$150.00 Car El Paso, TX 79912 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** reimbursemenet for 3 dinners at Black El Paso **Event Expense** OF Democrat Banquet EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense	Polling Expense Travel Out Of Dis	
Fees	Printing Expense Office Overhead/I The Instruction Guide explains hov	, , , , , , , , , , , , , , , , , , , ,
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 13/17	- Friends for Botor Cyperboin	00001234
4 Date	5 Payee name	
01/28/2015	SabertoothFood Company	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$176.68	4011 N. Mesa, Ste. 8	
,	El Paso, TX 79912	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Food for fundrdaising event
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Surfacetor States and States	
to benefit C/OH		
Date	Payee name	
03/24/2015	Saigon Taste	
Amount (\$)	Payee address City; State; Zip Code	
\$40.20	6940 N. Mesa El Paso, TX 79912	•
	L11 d30, 17/ 73312	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	Staff meal
OF EXPENDITURE		
EXPENDITORL		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
01/19/2015	Sam's Club	
Amount (\$)	Payee address City; State; Zip Code	
\$308.97	7970 N. Mesa	
	El Paso, TX 79912	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sonedule T)
OF	Office Overhead/Rental Expense	Computer accessories - monitors, connectors, etc.
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Suraduto / Official fiding	Since sought.
to benefit C/OH		
Date	Payee name	
01/23/2015	Technology, Networks & Systems	# p
Amount (\$)	Payee address City; State; Zip Code	39
\$465.47	6006 N. Mesa, Ste. 1010 El Paso, TX 79912	
	Li 1 450, 1 × 1 5512	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Internet installation and service
OF	253.77 10037 1107107 107100100110111	
EXPENDITURE		Object to Accept TV addition belong living synamon
ļ		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure		Office sought: Office held:

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense Polling Expense

Category (See Categories listed at the top of this schedule)

Salaries/Wages/Contract Labor

Candidate / Officeholder name

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Friends for Peter Svarzbein Schedule: 14/17 Report: 32/36 00001234 4 Date 5 Payee name 02/01/2015 Technology, Networks & Systems City; State; Zip Code 6 Amount (\$) Payee address 6006 N. Mesa, Ste. 1010 \$135.31 El Paso, TX 79912 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Internet sesrvice Februaery Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Pavee name Date Technology, Networks & Systems 03/02/2015 Amount (\$) Pavee address City; State; Zip Code 6006 N. Mesa, Ste. 1010 \$135.31 El Paso, TX 79912 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Internet Services OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Texas Democratic Party 02/17/2015 City; State; Zip Code Amount (\$) Pavee address 4819 E. Ben White Blvd Ste. 104 \$15.16 Austin, TX 79936 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** access to VAN Polling Expense -< OF I **EXPENDITURE**  $\bigcirc$ Check if Austin, TX, officeholder living expense Office\_held: Candidate / Officeholder name Office sought: Complete ONLY if 177 direct expenditure to benefit C/OH Date Payee name C 177 Tomayo, Elisa (Ms.) 02/13/2015 Payee address City; State; Zip Code Amount (\$) 10 4433 N. Stanton \$248.00 El Paso, TX 79902

(if travel outside of Texas, complete Schedule T)

Office held:

Description

Block walking for candidate

Office sought:

Check if Austin, TX, officeholder living expense

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services nse Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expens E explains how to comple	ransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 15/17	I Falsa de feu Deteu Occesa	zbein	00001234
4 Date	5 Payee name		
02/27/2015	Tomayo, Elisa (Ms.)		
6 Amount (\$)	7 Payee address City; State; Z	ip Code	
\$336.00	·	,	
φ550.00	El Paso, TX 79902		
8	(a) Category (See Categories listed at the top of thi	s schedule) (b) Des	cription (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Bloo	ck walker
OF EXPENDITURE	·	<u> </u>	
27.1 2.1.2.1.4.1.2		Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name		Office sought: Office held:
direct expenditure to benefit C/OH			
	D		
Date	Payee name		
03/13/2015	Tomayo, Elisa (Ms.)		
Amount (\$)	Payee address City; State; Z	ip Code	
\$436.25	4433 N. Stanton El Paso, TX 79902		
	LIF 450, 17 79902		
	Cotomonia (Con Cotomonia Hatad at the tan of the	in cohodulo) Dos	cription (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of thi Advertising Expense	,	rature for voter contacdt
OF	Advertising Expense	Litto	Tatale for voter contact
EXPENDITURE		Псье	ck if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name		Office sought: Office held:
direct expenditure	Carraidate, Cincensiasi name		
to benefit C/OH			
Date	Payee name		
01/15/2015	Tovar Printing, Inc.		
Amount (\$)	Payee address City; State; Z	ip Code	
\$70.36	1230 Texas Ave.		
·	Ei Paso, TX 79901		
BUBBOOF	Category (See Categories listed at the top of th	_	cription (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Bus	siness cards
EXPENDITURE			
			ck if Austin, TX, officeholder living expense.  Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought: Office held:
to benefit C/OH			£- [7]
Date	Payee name	····	N G
01/27/2015	Tovar Printing, Inc.		PH C
Amount (\$)	Payee address City; State; Z	in Code	
1			CO ?
\$162.38	El Paso, TX 79901		9 .7
			- 1
	Category (See Categories listed at the top of the	is schedule) Des	scription (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense		) stickers
OF EXPENDITURE			
EVERINGE		Che	ck if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name		Office sought: Office held:
direct expenditure to benefit C/OH			
10 30 10 11 0 0 0 1			

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

#### (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Travel Out Of District Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Friends for Peter Svarzbein 00001234 Schedule: 16/17 Report: 34/36 4 Date 5 Payee name Tovar Printing, Inc. 01/29/2015 Pavee address City: State: Zip Code 6 Amount (\$) 1230 Texas Ave. \$766.41 El Paso, TX 79901 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** postcards and signs Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Date 01/30/2015 Tovar Printing, Inc. Payee address City: State: Zip Code Amount (\$) 1230 Texas Ave. \$601.87 El Paso, TX 79901 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense postcards OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 03/13/2015 Tovar Printing, Inc. Payee address Citv: State: Zip Code Amount (\$) 1230 Texas Ave. El Paso, TX 79901 \$436.25 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** literature for voter contact Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: $\bigcirc$ direct expenditure to benefit C/OH J Date Payee name -O Tovar Printing, Inc. 03/15/2015 Payee address City: State: Zip Code Amount (\$) . . . 1230 Texas Ave. \$53.04 U CO El Paso, TX 79901 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE Event Expense** Fundraiser invitations OF **EXPENDITURE**

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

**EXPENDITURE CATEGORIES** 

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees		Expense Expense The	Instruction		rhead/Rer	t ntal Expense o complete this f	OTHER (ente	/Officeholder/Po er a category no		
1 PAGE#		2 FILER	JAME.					3 ACCOL	JNT #	(TEC filers)
Schedule: 17/17	Report: 35/36	ı —	for Peter S	Svarzbein				00001		(120
4 Date	5 Payee name									
03/16/2015	Tovar Printi	ng, Inc.				<u>.                                    </u>				
6 Amount (\$)	7 Payee addres	SS	City; State	; Zip Code						
\$70.36	El Paso, 12	79901								
8 PURPOSE	(a) Category (Se	•	sted at the top	of this schedule	)	(b) Description Labels for y	(If travel outsid	le of Texas, con	nplete So	chedule T)
OF	Advertising	Expense				Labels lot y	aru sigris			
EXPENDITURE						Check if Aust	in, TX, officehol	der living eyne	nea	
9 Complete ONLY if	Candidate / C	Officeholder n	ame			Office so			e held:	
direct expenditure to benefit C/OH	oundidato / c	- The street of the								
Date	Payee name	0.4.5								
01/23/2015	Walmart #1		City Ctata	. Zin Code						
Amount (\$)	Payee addres		City; State	; Zip Code						
\$85.92	7555 N. Me El Paso, TX	< 79912 						-		<u></u>
PURPOSE				of this schedule	)	Description	(If travel outsic	de of Texas, cor	nplete S	chedule T)
OF	Office Over	nead/Henta	I Expense			Supplies				j
EXPENDITURE						Chack if Aug	in, TX, officehol	dor living ovne	nnoo	
Complete ONLY if	Candidate / C	Officeholder r	ame			Office so			e held:	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Jiliceriolder i	ianie			Office of				
Date	Payee name									
01/30/2015	Walmart #1	015								
Amount (\$)	Payee addre	SS	City; State	; Zip Code						
\$52.27	7555 N. Me El Paso, TX									
	Category (Se	e Categories I	isted at the top	of this schedule	*)	Description	(If travel outsid	de of Texas, cor	nplete S	chedule T)
PURPOSE OF	Food/Bever	age Expens	se			food suppli	es for office			
EXPENDITURE						<u></u>				
						Check if Aust	tin, TX, officeho	lder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder r	name			Office so	ought:	Offic	e held:	
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Texas Ethics Commission

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 1/1						Report: 36/36			
2	FILER NAME	LER NAME Friends for Peter Svarzbein 3 ACCOUNT # 00001234					(Ethics Commission filers)		
4	Date	5	Name of person from whom amount is received Forma Group			8	Amount (\$)		
C	02/13/2015  6 Address of person from whom amount is received; City; State; Zip Code 301 E. San Antonio El Paso, TX 79901					\$2,000.00			
		7	Purpose for which amount is received Refund						